The second secon	s night kom under State de externe om a strend engliste en være en
ADIZONA STATE E	BOARD OF HEALTH State File No
BUREAU OF VI	TAL STATISTICS Registered No. 12 4
1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH	
County Kila	State WWG TWA
District or Township	Or Village.
City No Mi birth occu	uried in a hospital or lastitution, give its NAME instead of street and number)
2. Full name of child John Charles Kulle	( If child is not yet named, making supplemental report, as directed a
3. Sex of Child To be answered ONLY 6. Twin, triplet or other in event of plural births. 5. No., in order of birth.	of birth
8. Full game Grant Russel Rubley	14. Full maiden name Levelle alice Pickering
9. Residence (Ususi place of abode) Manu	15. Residence (Usua) place of abode) Manar
If non-zesident, give place and state.	16. Color or race
10. Color or raco	White 17, Age at Inst birthday 27 (Years)
White 11. Ago at last birthday 25 (Years)	1 2 2 2 2
12. Birthplace (city or place) 6 leveland	18. Birthplace (city or place)
(State or country) 10 Lus	(State or country)
13. Occupation	10. Occupation
Nature of Industry Mining engineer	Nature of Industry Authority
20. Number of children of this mother. (a) Born alive a (b) Born alive a (c) Stillborn.	and now living 21. Were precautions taken against oph- thaimia neonatorum?
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE	
I hereby certify that I attended the birth of this child, who was (Born elive or stillborn)	
#When there was no attending physician or intoller, then the father, householder, etc., should make this return. A sulliborn child is one that neither breathes nor shows office evidence of ille after birth.	Physician (Physician of miles 186)
Given name added from a supplemental report. Month, day, year	Box 636 whole this
Filed 1/ 7, 1932 L.E. Wagshire	
Registrar	